

EXHIBIT D
SAMPLE ROSTER FORM
CERTIFICATION OF COURSE COMPLETION
IDAHO DEPARTMENT OF INSURANCE CONTINUING EDUCATION RULE NO. 18.06.04

Course Sponsor/Provider Name _____

Course Title _____

Course Number _____ Number of Credit Hours _____

Instructor _____

| Presentation/ Completion Date | Time Started | Time Stopped | Total Time Spent on Subject |
|--|-------------------------|-------------------------|--|
| | | | |

I HEREBY CERTIFY THAT THE FOLLOWING INDIVIDUALS SATISFACTORILY COMPLETED THE FOREGOING CONTINUING EDUCATION COURSE
AND THAT SAID COURSE WAS PRESENTED IN COMPLIANCE WITH DEPARTMENT OF INSURANCE RULE NO. 53:

| NAME OF ATTENDEE | LICENSE NUMBER | COMPLETION DATE |
|-------------------------|---------------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Attach additional sheets if necessary, do not write on back.)

CREDIT FOR COURSE BASED ON: ☐ ATTENDANCE ☐ REPORT ☐ EXAMINATION

Date

Signature of Provider/Sponsor Representative

Name (Type or Print)

**NOTE: THIS FORM MUST BE UPLOADED BY THE COURSE PROVIDER THROUGH SIRCON WITHIN THIRTY
(30) DAYS OF THE PRESENTATION/COMPLETION DATE OF THE COURSE.**